



INDIANA ADOPTION HISTORY REGISTRATION - NONIDENTIFYING INFORMATION CONSENT
State Form 47897 (R3/6-05)

INSTRUCTIONS: All information, except the written signature(s), must be typed or clearly printed in black ink.

Agency Use Only

CONFIDENTIAL INFORMATION per IC 31-19-19-1

All parts of this form must be completed before the Consent Form can be filed.

Part One - Your Filing Status (Please do not check more than one box)

- I am the: ☐ Adult Adoptee ☐ Adoptive Parent
☐ Birth Parent ☐ Pre-adoptive Sibling
☐ Spouse or Relative of a Deceased Adoptee (if the relationship existed at the time of the adoptee's death)
☐ Spouse or Relative of a Deceased Birth Parent (if the relationship existed at the time of the birth parent's death)

Part Two - Individual Completing This Consent Form

Name _____
Date of Birth _____
Mailing Address _____

Telephone Number, including Area Code _____

Please Note: A photocopy of signature identification must accompany this form (e.g., driver's license, Social Security card).

Part Three - Child's Birth Information

Child's Birth Name _____
Child's Date of Birth _____ Child's Sex _____
Child's Place of Birth _____
Full Name of Birth Father* _____
Full Name of Birth Mother (include maiden name)* _____
**If deceased, submit a copy of the death certificate.*

Part Four - Adoptee or Adoptive Parents Only

Child's Name after Adoption _____
Child's Date of Birth _____
Child's Place of Birth _____
Full Name of Adoptive Father _____
Full Name of Adoptive Mother _____

Part Five - Affirmation

I affirm, under the penalties for perjury, that these representations are true to the best of my knowledge and belief, and that I am qualified to receive adoption history information under I.C. 31-19-18-2.

(Date)

(Written Signature)

Please return this form to:
Indiana Adoption History Registry
Indiana State Department of Health
Vital Records Division, B-4
2 North Meridian Street
Indianapolis, Indiana 46204